

SERFF Tracking Number: AOIC-125364067 State: Arkansas  
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: HOM-AR-99-11/21/2007-01  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Arkansas Homeowners  
Project Name/Number: AR Home Identity Theft/HOM-AR-99-11/21/2007-01

## Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Arkansas Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI  
Combinations

Filing Type: Rule

SERFF Tr Num: AOIC-125364067

SERFF Status: Closed

Co Tr Num: HOM-AR-99-  
11/21/2007-01

Co Status:

Authors: Ryan Humphrey, Janelle  
Lautzenheiser

Date Submitted: 11/21/2007

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and  
received

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 11/27/2007

Disposition Status: Filed

Effective Date Requested (New): 12/10/2007

Effective Date Requested (Renewal): 12/10/2007

Effective Date (New): 12/10/2007

Effective Date (Renewal):  
12/10/2007

## General Information

Project Name: AR Home Identity Theft

Project Number: HOM-AR-99-11/21/2007-01

Reference Organization:

Reference Title:

Filing Status Changed: 11/27/2007

State Status Changed: 11/27/2007

Corresponding Filing Tracking Number: HOM-AR-99-11/21/2007-01

Filing Description:

AR Home Identity Theft Filing

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Cyndi Reed, Manager

P.O. Box 30660

reed.cyndi@aoins.com

(517) 323-8818 [Phone]

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Project Name/Number: AR Home Identity Theft/HOM-AR-99-11/21/2007-01

Lansing, MI 48909-8160 (517) 323-8796[FAX]

**Filing Company Information**

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan  
P.O. Box 30660 Group Code: 280 Company Type: PC  
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: \$25.00 for Auto-Owners rule filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$25.00	11/21/2007	16761949

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/27/2007	11/27/2007

*SERFF Tracking Number:* AOIC-125364067 *State:* Arkansas  
*Filing Company:* Auto-Owners Insurance Company *State Tracking Number:* EFT \$25  
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*TOI:* 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations  
*Product Name:* Arkansas Homeowners  
*Project Name/Number:* AR Home Identity Theft/HOM-AR-99-11/21/2007-01

## **Disposition**

Disposition Date: 11/27/2007

Effective Date (New): 12/10/2007

Effective Date (Renewal): 12/10/2007

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125364067 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Identity Theft Expense Coverage - All Forms	Filed	Yes

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Identity Theft Expense Coverage - All Forms	AOUQZ217	Replacement	AOUQZ043 AOUQZ217.pdf

Auto-Owners

HOMEOWNERS  
ADDITIONAL COVERAGES - PROPERTY

Arkansas

**IDENTITY THEFT EXPENSE COVERAGE – All Forms**COVERAGE DESCRIPTION:

This optional coverage provides up to \$15,000 as the result of any one "identity theft" for "identity theft expenses," as defined in the form. Coverage is provided only for the expenses of restoring the insured's financial identity, including but not limited to the following:

- Preparation and notarization of documents;
- Loan reapplication fees;
- Lost earnings as a result of time off from work;
- Reasonable attorney fees;
- Bond premiums; and
- Assignment of a personal advocate through a third party vendor to assist in restoring the insured's identity.

The loss from the theft itself is not covered.

A \$250 deductible applies.

UNDERWRITING CONSIDERATION:

No knowledge of an identity theft within the past 12 months; and no identity theft claims filed within the past 12 months.

RATING:

Apply a \$25 charge per policy.

FORM:

"Identity Theft Expense Coverage" appears on the policy Declarations and Form {{17867 (AR)}} is attached.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Filed 11/27/2007

**Comments:**

**Attachment:**

ARHomeTransmittal.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Auto-Owners Insurance Group	280

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Auto-Owners Insurance Company	MI	18988	38-0315280	

<b>5. Company Tracking Number</b>	HOM-AR-99-11/21/2007-01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Cyndi Reed 6101 Anacapi Blvd Lansing, MI 48917	Manager	800-346-0346 ext. 8818	517-323-8796	reed.cyndi@aoins.com
Janelle Lautzenheiser 6101 Anacapi Blvd Lansing, MI 48917	Actuarial Technician	800-346-0346 ext. 4894	517-323-8796	lautzenheiser.janelle@aoins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Cyndi Reed, Manager

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0001, 04.0003, 04.0004, 04.0005
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Independent Homeowners Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/10/2007      Renewal: 12/10/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	November 21, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # HOM-AR-99-11/21/2007-01

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Rule Explanatory Memorandum

Rule: Identity Theft Expense Coverage

Purpose: The purpose of this filing is to extend the Identity Theft Expense Coverage.

Rule Change Description: To include the expenses incurred when a personal advocate is assigned through a third party vendor to assist in restoring the insured's identity.

Replacement: Yes

Rate Impact: None

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Electronic Funds Transfer

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	HOM-AR-99-11/21/2007-01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Auto-Owners Insurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	-1.9%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	11/15/2007
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AOUQZ217	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AOUQZ043
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	